

Record of In-Kind Gift

Date: _____

Company / Organization Name: _____

Contact Name: _____

Address: _____

City State Zip: _____

Phone: _____ Email: _____

Quantity	Item	Estimated Value
	Total	

Please mail or fax this form to Heartspring and thank you for this gift in support of children with special needs. SEND a copy to the First Vice President of the Kansas State Council